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COLOMBIA.

*Report from Bocas del Toro—Fruit port.*BOCAS DEL TORO, COLOMBIA, *July 21, 1900.*

SIR: I have the honor to submit report for the week ended July 21. The following vessels have been inspected and cleared: July 18, steamship *Brookline*, List; crew, 32; no passengers; Baltimore; 1 officer's family. Steamship *Douglas*, Eriksen; crew, 24; passengers, 15; pieces of baggage, 21; Mobile; 1 officer's wife and child. July 21, steamship *Simon Dumois*, Nieunegaar; crew, 15; passenger, 1; pieces of baggage, 2; Mobile. Steamship *Veratas*, Rasmussen; crew, 18; no passengers; Philadelphia.

The health of the port and vicinity continues favorable. One death has been reported to me during the week, 1 male negro, stricture of the urethra.

Respectfully,

HERMAN B. MOHR,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

*U. S. Marine-Hospital Service.**Confirming reports of yellow fever at Bocas del Toro.*BOCAS DEL TORO, COLOMBIA, *July 25, 1900.*

SIR: I have the honor to confirm my cablegram, via Limon, of July 24, "Two cases of yellow fever; 1 death, necropsy, confirms diagnosis," and herewith submit report on these cases:

The first patient was Geo. Bielrig, German, bookkeeper, resident here since April 5. The history of this case is a peculiar one; Bielrig, who had been having slight attacks of fever ever since his arrival here, was seized with a chill on July 8, followed by fever, and was seen by Dr. Osterhout, a reliable local practitioner, who treated him for malarial fever. The fever subsided, and on Monday the 9th he returned to his work. On Wednesday, the 11th, he had another chill and fever, but was out again on Thursday and attended to his duties until Wednesday the 18th, when Dr. Osterhout was again called to see him, and the same treatment as before adopted. Nausea setting in, the patient refused all medication, but owing to the previous history no suspicions were aroused. At this time Dr. Osterhout's wife was seized with a chill, temperature reaching 39.40° C. She was treated by the doctor himself, and was seen by Dr. Jumel, who saw nothing suspicious at that time in her case.

On July 22, Dr. Osterhout requested Dr. Jumel to assume charge of Bielrig's case, as he could not leave his wife, her condition not having improved. After observing the case carefully all day, Dr. Jumel's suspicions were aroused, but owing to the previous history and the absence of clinical data, he concluded to await developments. The patient had refused all medication; his temperature was 39.4° C, pulse, 80; he was nauseated, slightly jaundiced, urine doubtful, as attendant did not collect it, somewhat prostrated. The following morning the temperature fell to 38.9° C., pulse rose to 92, urine had been passed, but was not saved by attendant. Later in the day some black vomit was ejected, icterus deepened, temperature fell to 38.1° C., pulse rose to 104 and weaker; no more urine was passed, but patient had a tar-like stool. As I was not able to go and see the case, Dr. Jumel kept me informed,

and after deliberation we concluded to advise the authorities and others concerned. The port physician saw the case and concurred in the opinion that it was yellow fever. Bielig died at 7.45 a. m., July 24, and a necropsy was held by Dr. Jumel about an hour after, in the presence of Dr. Osterhout and Dr. C. Alf. Vaz, the port physician, and the common verdict was yellow fever. I inclose a copy of Dr. Jumel's notes.

In the meantime Dr. Osterhout's wife did not improve in spite of liberal doses of quinine. Nausea set in but was controlled and the temperature remained, with slight remissions due to antipyretics, at 38.3° C. to 38.9° C., no accurate pulse record was kept. At present writing the temperature in this case remains the same, there is slight icterus and albumen in the urine. The doctor is satisfied that it is yellow fever.

We have been unable to trace the infection to its source. There are now 2 foci of infection, but all sanitary precautions are being taken and the disinfection is being thoroughly done. I shall advise further developments by cable via Limon.

Respectfully,

HERMAN B. MOHR,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

[Inclosure.]

BOCAS DEL TORO, COLOMBIA, *July 25, 1900.*

Post-mortem findings.—Case of George Bielig; age, 24 years; pronounced icterus of a deep bright yellow color over the entire body; very foul cadaveric odor; the blood which oozed from the tissues, after the abdominal section, was a cherry red in color; all of the viscera, after the abdominal cavity had been opened, presented a decided yellow appearance; evidences of intense congestion and fatty degeneration of the heart; evidences of fatty degeneration and intense congestion of the kidneys; evidences of intense congestion and fatty degeneration of the liver, the organ being about normal in size and presenting a boxwood appearance; a cross section gave the same result; intense congestion of the spleen, with commencing fatty degeneration at the hilum, the organ being slightly enlarged; intense congestion of the stomach, irregularly distributed, the organ being filled with black vomit; same condition was observed in the duodenum; the small quantity of urine found in the bladder was submitted to an analysis, showing about 75 per cent of albumen. Finally all of the physicians present rendered a verdict that death had been due to yellow fever.

ALLEN JUMEL, Jr., M. D.

COSTA RICA.

Report from Port Limon—Fruit port.

PORT LIMON, COSTA RICA, *July 22, 1900.*

SIR: I have the honor to submit report for week ended July 21. The following vessels have cleared from this port direct for the United States:

Date.	Vessel.	Master.	Number of crew.	Destination.	Number of passengers.	Number of pieces baggage disinfected.
July 19	Ss. Olympia.....	Seiders.....	39	New Orleans, La.....	1	0
July 20	Ss. Tordenskjold.....	Thomassen	18	Key West, Fla.....	0	0
Do.....	Ss. Hispania.....	Frockberg...	21	Mobile, Ala.....	0	0
July 21	Ss. Holstein.....	Aarhus.....	21do.....	0	0

The sanitary conditions of Port Limon and vicinity are very good. Four deaths during the week as follows: On July 15, a child 8½ months